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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010626 (7)

FILED Feb 04 1998 8:00am Secretary of State

CARL E. GAY PLASTERING, INC. Principal Place of Business Mailing Address 5251 PIKEVIEW RD 5251 PIKEVIEW RD DADE CITY FL 33525 DADE CITY FL 33525 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1994 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0472530 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GAY, SHIRLEY I 5251 PIKEVIEW RD Street Address (P.O. Box Number is Not Acceptable) DADE CITY FL 33525 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTI Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPS DELETE TITLE Change Addition 1.1 TITLE GAY, SHIRLEY I NAME 1.2 NAME 5251 PIKEVIEW RD STREET ADDRESS 1.3 STREET ADORESS CITY-ST-ZIP DADE CITY FL 33525 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CATY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 THILE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-S1-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee enipsyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or off) an apparament with an appropriate the corporation of the receiver of the corporation of the receiver or trustee enipsyeries.

Block 12 or Block 13 if changed, or off an ayachment with an address.